

2004 State Aid Application Form

Instructions & Checklist

County or City-County, Consolidated, Tax-Supported Municipal

Below is a guide to which form to use corresponding to which type of library system you are.

	Instruction form: Application	Application form	Instruction form: Trustee	Trustee form
Municipal Library Districts with a voted property tax	2	7	8	9
Consolidated Library Districts	2	5	8	10
City-County Library Districts	2	6	8	11
County Library Districts	2	6	8	12
Regional Library Districts –(select form needed for each district).	2	6,7 and/or	8	13

_____ **Date & Location**—Fill in the date the report was prepared and the name(s) of city or county/counties the library serves.

_____ **Reporting period**—Fill in the beginning and ending dates of the fiscal year of this report (your most recent full fiscal year). Libraries having fiscal years ending June 30, 2004 shall consider July 1, 2003 to June 30, 2004 their most recent full fiscal year.

Items 1-8 to be completed by Library Director.

Insert the word “none” in blanks where questions are not applicable.

_____ **Item 5**—Give county or counties that the library serves. Consolidated libraries give date of consolidation.

_____ **Item 7**—Give the total amount of State Aid funds received during the fiscal year of this report. Do not include any Equalization funds your library might have received during this reporting period.

_____ **Item 8**— Check one or more items to show how your library used State Aid funds received during the fiscal year of this report. If available, give an estimated amount budgeted to each category. This information will be used in the FY2005 budget request for State Aid. Do not include any Equalization funds or Athlete & Entertainer tax funds your library may have received during this reporting period.

Items 9-17 to be completed by City or County official (clerk, collector, treasurer).

Refer to forms filled out by library district and supplied to State Auditor's office to determine allowable tax levy for fiscal year of this report for items 10 and 14.

xxxx **Item 9**—Official population of the city using 2000 U.S. Census figures will be provided.

_____ **Item 10**—See 182.480 RSMo. Give the total assessed valuation of the City for the fiscal year of this report.

_____ **Item 11**—Give the total funds the library received from the City for this reporting period. Include delinquent and intangible taxes that were credited to the Library Fund account. Include library salaries, utilities, maintenance expenditures, and contracted repairs to the library facility. Do NOT include in-kind services, such as use of a city building, funding received through State Aid to Public Libraries, or any other miscellaneous income.

_____ **Item 12**—Calculation: divide Line 11 (the amount of funding the library received from the city) by Line 10 (the total assessed valuation of the city).

_____ **Item 13**—Equivalent Tax Rate: multiply the amount found on Line 12 by 100. This is the equivalent tax rate which would generate the amount provided.

_____ **Item 14**—Certification signed by city official who provided the information. Include title of official and their telephone number. No wording of the certification section may be changed in any way by the city official.

_____ **Item 15**—Give the current library tax rate as approved by voters of the library district.

_____ **Item 16**-- Section 191.060. RSMo provides that "no grant under this section shall be affected because of a reduction in the rate of levy which is required by the provisions of section 137.073. RSMo." (Hancock Amendment)

_____ **Item 17**—Certification signed by city or county official who provided the information. Include title of official and their telephone number. No wording of the certification section may be changed in any way by the city or county official.

Certification By Library Officials (reverse side of application form)

_____ Signed by Librarian.

_____ Signed by Treasurer of Library Board (RSMo 181.060.3 requires this to be the Treasurer who was elected by the Library Board, or may be another Board member officially designated by Board bylaws to serve in the Treasurer's absence. If the signature is from another Board member, please attach documentation to show authorization.).

_____ Application must be notarized.

_____ Please proofread your completed application! Are all blanks filled in? Are all required signatures completed?

_____ State Aid Application and Trustee Membership Form **postmarked by June 30, 2004** and sent by certified mail (or any other means that will give you proof of date sent) to:



**State Aid Application
Missouri State Library
600 West Main Street, P.O. Box 387
Jefferson City, MO 65102-0387**